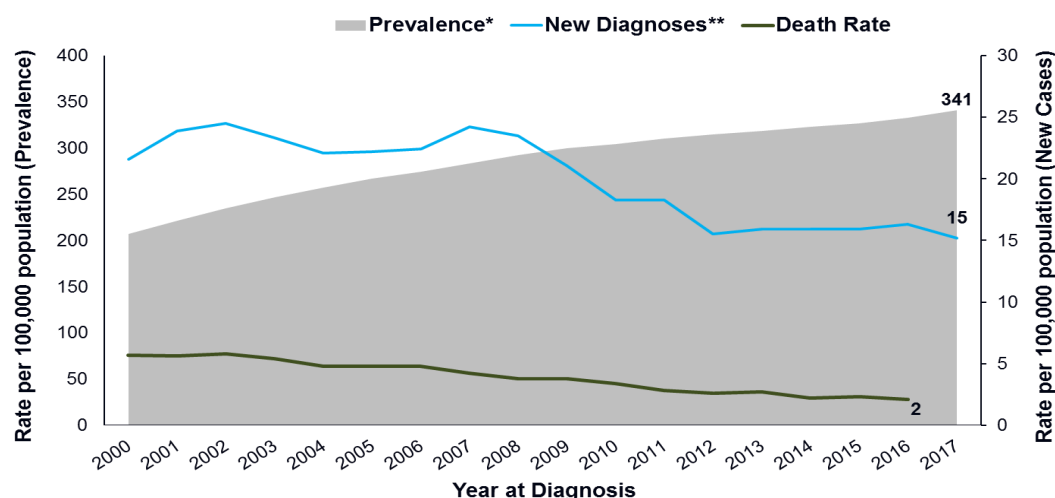


HIV in North Carolina, 2017

North Carolina HIV Prevalence Rates, Newly Diagnosed HIV Infection Rates, and HIV Death Rates



- 35,045 people were diagnosed with HIV and living in North Carolina as of 12/31/2017.
- It is estimated that 40,000 people are living with HIV/AIDS in North Carolina, including an estimated 5,000 people who have HIV but are undiagnosed as of 12/31/2017.
- 1,310 adults/adolescents were newly diagnosed with HIV/AIDS in 2017 (rate of 15.2 cases per 100,000 population), which is a slight decrease from the 1,399 new diagnoses in 2016 (rate of 16.4 cases per 100,000).

2017 HIV among Men:

- 1,047 men were newly diagnosed with HIV (rate: 25.1 per 100,000).
- 80% of men newly diagnosed with HIV reported sex with men (MSM)
- 5% of men newly diagnosed with HIV reported injecting drug use, which is similar to the past few years
- 52% were young men (aged 13 to 29)
- Black/African American men continue to experience the highest rates of new HIV diagnoses (78.0 cases per 100,000).

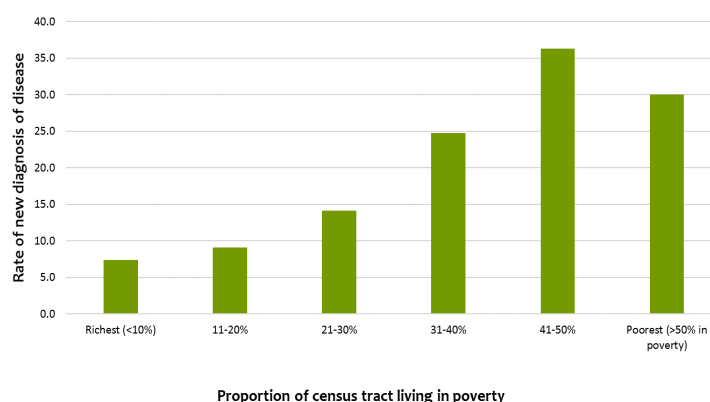
2017 HIV among Women:

- 251 women were newly diagnosed with HIV (rate: 5.7 per 100,000).
- 90% of women newly diagnosed reported exposure through heterosexual contact
- 9% reported injecting drug use, which is the same as in 2016
- 51% were women over the age of 40
- Black/African American women continue to experience the highest rates of new HIV diagnoses (17.7 cases per 100,000).

HIV rates are highest among people living in the most impoverished neighborhoods.

People living in impoverished areas often have less access to resources, including health resources. This can result in less viral suppression and increased potential for transmission.

New HIV Diagnoses by Poverty Indicator, 2017



Want More Information?

HIV/STD Facts and Figures web site:
<https://epi.publichealth.nc.gov/cd/stds/figures.html>

Centers for Disease Control and Prevention Fact Sheets on HIV:
<https://www.cdc.gov/hiv/library/factsheets/index.html>

Data Sources:
 enhanced HIV/AIDS Reporting System (eHARS) (data as of June 27, 2018), North Carolina Vital Statistics, Volume 2: Leading Causes of Death 2000-2016, and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2018).

Contact Us

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Created by the HIV/STD/Hepatitis Surveillance Unit, Communicable Disease Branch
 11/27/2018-Revised

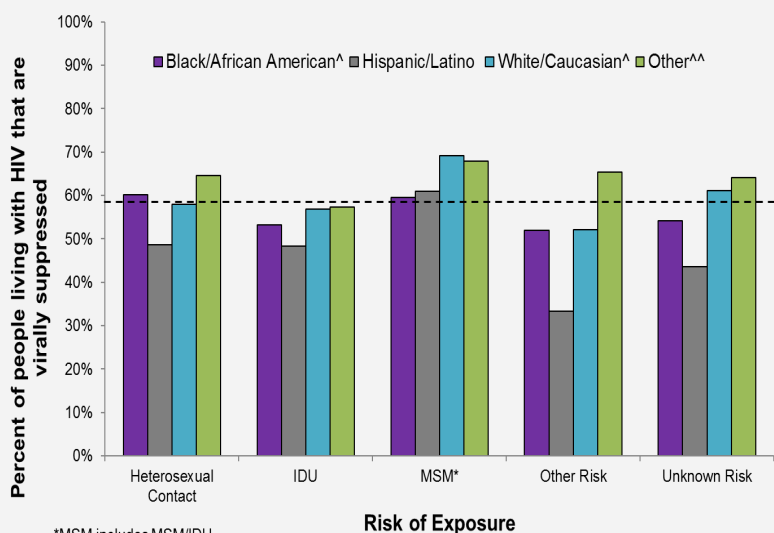
HIV in North Carolina 2017



What is North Carolina doing to decrease HIV?

- North Carolina provides funds for HIV testing through the North Carolina State Laboratory of Public Health (SLPH).
- North Carolina funds evidence-based risk reduction programs. Over 1,200 people with HIV or high-risk HIV-negative people participated in 11 different programs in 2017.
- State bridge counselors actively look for HIV-positive people who have fallen out-of-care and offer assistance in addressing barriers to remaining engaged in HIV medical care.
- Local health departments and other providers are starting to offer Pre-Exposure Prophylaxis (PrEP) for HIV; see the side bar for North Carolina links.

Viral Suppression by Race/Ethnicity and HIV Exposure, 2017



*MSM includes MSM/IDU.

^Non-Hispanic/Latino.

^^Other includes American Indian/Alaska Native, Asian/Pacific Islander, Multiple Race and Unknown.

- Viral suppression is defined as having the last viral load in 2017 be <200 copies/mL.
- Being virally suppressed (undetectable viral load) prevents transmission of HIV to others.
- 59% of people diagnosed and living with HIV in NC were virally suppressed in 2017.
- Barriers to care and achieving viral suppression include lack of transportation, lack of family support, social stigma, and the complexity of accessing health insurance.
- Latina/o residents of NC have lower viral suppression than other race/ethnicity groups.

What CLINICIANS can do

If you are a care provider, educate yourself about PrEP (resources in sidebar). Also ensure that you receive regular cultural competency training in order to better meet the needs of your patient population (resources in sidebar).

If your patient is sexually active and HIV positive, talk with your patients about their sexual health. Patients with ongoing STD risk behaviors should be tested regularly for syphilis and other STDs, like gonorrhea and chlamydia. STD prevention is HIV prevention!

What YOU can do

If you have HIV, seek treatment: you deserve a long and happy life!

For help, see the HIV Medical Assistance Program (HMAP, formerly ADAP) resources in the side bar.

STD Screening Recommendations for HIV-positive people, CDC 2015 STD Treatment Guidelines:

<https://www.cdc.gov/std/tg2015/screening-recommendations.htm>

For information about Pre-Exposure Prophylaxis (PrEP) and a map of North Carolina PrEP providers:

<https://www.med.unc.edu/ncaidstraining/prep/PrEP-for-consumers>

Cultural Competency Trainings:

- [Cultural Competency for Health Professionals \(Duke University\)](#)
- [Introduction to Cultural Competency and Title VI \(UNC-Chapel Hill\)](#)
- [Cultural Competency Training \(North Carolina Collaborative Training Institute\)](#)

State of North Carolina • Roy Cooper, Governor
Department of Health and Human Services • Mandy Cohen MD, MPH, Secretary
Division of Public Health • Beth Lovette, Acting Division Director
HIV/STD/Hepatitis Surveillance Unit • Erika Samoff, MPH, PhD
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HMAP web site:

<https://epi.publichealth.nc.gov/cd/hiv/hmap.html>